



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-30-2018
Response Date: 08-30-2018
Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2010

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
MAYBERRY HR OUTSOURCING INC.
P O BOX 241448
CHARLOTTE, NC 28224-1448

Employee:

Employee's Social Security Number:
MARK ANTHONY LOVELY
1235 AMY LEE TRAIL
KERNERSVILLE, NC 27284-0000

	Original document
Submission Type:	\$512.00
Wages, Tips and Other Compensation:	\$0.00
Federal Income Tax Withheld:	\$512.00
Social Security Wages:	\$31.00
Social Security Tax Withheld:	\$512.00
Medicare Wages and Tips:	\$7.00
Medicare Tax Withheld:	\$0.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Advanced EIC Payment:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00

Code "CC" (For employer use only) - HIRE Exempt Wages and Tips:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 TRIAD INTERNATIONAL MAINT CORPORATI
 623 RADAR RD
 GREENSBORO, NC 27410-0000

Employee:

Employee's Social Security Number:
 MARK LOVELY
 1235 AMY LEE TRL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$49,246.00
Federal Income Tax Withheld:	\$5,849.00
Social Security Wages:	\$49,246.00
Social Security Tax Withheld:	\$3,053.00
Medicare Wages and Tips:	\$49,246.00
Medicare Tax Withheld:	\$714.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Advanced EIC Payment:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "CC" (For employer use only) - HIRE Exempt Wages and Tips:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

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Wage and Income Transcript

Request Date: 08-30-2018
Response Date: 08-30-2018
Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2011

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
TRIAD INTERNATIONAL MAINT CORPORATI
623 RADAR RD
GREENSBORO, NC 27410-0000

Employee:

Employee's Social Security Number:
MARK LOVELY
1235 AMY LEE TRL
KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$48,186.00
Federal Income Tax Withheld:	\$4,437.00
Social Security Wages:	\$48,186.00
Social Security Tax Withheld:	\$2,023.00
Medicare Wages and Tips:	\$48,186.00
Medicare Tax Withheld:	\$698.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457

\$0.00

(b) Plan:

Third Party Sick Pay Indicator:

Unanswered

Retirement Plan Indicator:

Unanswered

Statutory Employee:

Not Statutory
Employee**Form 1099-G****Payer:**

Payer's Federal Identification Number (FIN):

EMPLOYMENT SECURITY COMMISSION OF N. C.

PO BOX 25903

RALEIGH, NC 27611-5903

Recipient:

Recipient's Identification Number:

MARK A LOVELY

1235 AMY LEE TRAIL

KERNERSVILLE, NC 27284-9445

Submission Type:

Original document

Account Number (Optional):

N/A

ATAA Payments:

0.00

Tax Withheld:

0.00

Taxable Grants:

0.00

Unemployment Compensation:

\$318.00

Agricultural Subsidies:

0.00

Prior Year Refund:

0.00

Market gain on Commodity Credit Corporation loans repaid on
or after January 1, 2008:

0.00

Year of Refund:

Not Set

1099G Offset:

Not Refund, Credit, or Offset for
Trade or Business

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This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date:	08-30-2018
Response Date:	08-30-2018
Tracking Number:	100406175491

SSN Provided:

Tax Period Requested: December, 2012

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
SKY LEASE I INC
243 A BURGESS ROAD
GREENSBORO, NC 27409-0000

Employee:

Employee's Social Security Number:
MARK LOVELY
1235 AMY LEE TRAIL
KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$11,153.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$11,153.00
Social Security Tax Withheld:	\$468.00
Medicare Wages and Tips:	\$11,153.00
Medicare Tax Withheld:	\$161.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457	\$0.00
(b) Plan:	
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 TRIAD INTERNATIONAL MAINT CORPORATI
 623 RADAR RD
 GREENSBORO, NC 27410-0000

Employee:

Employee's Social Security Number:
 MARK LOVELY
 1235 AMY LEE TRL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$18,070.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$18,070.00
Social Security Tax Withheld:	\$758.00
Medicare Wages and Tips:	\$18,070.00
Medicare Tax Withheld:	\$262.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$1,730.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$3,294.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457	\$0.00
(b) Plan:	
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form 5498 SA



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-30-2018
Response Date: 08-30-2018
Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2013

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
SKY LEASE I INC
243 A BURGESS ROAD
GREENSBORO, NC 27409-0000

Employee:

Employee's Social Security Number:
MARK LOVELY
1235 AMY LEE TRAIL
KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$50,884.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$50,884.00
Social Security Tax Withheld:	\$3,154.00
Medicare Wages and Tips:	\$50,884.00
Medicare Tax Withheld:	\$737.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-30-2018
 Response Date: 08-30-2018
 Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2014

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 ART LINE SERVICES LLC
 6321B BRYAN BLVD
 GREENSBORO, NC 27409-9418

Employee:

Employee's Social Security Number
 MARK LOVELY
 1235 AMY LEE TRAIL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$640.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$0.00
Social Security Tax Withheld:	\$0.00
Medicare Wages and Tips:	\$0.00
Medicare Tax Withheld:	\$0.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457 (b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 SKY LEASE I INC
 243 A BURGESS ROAD
 GREENSBORO, NC 27409-0000

Employee:

Employee's Social Security Number:
 MARK LOVELY
 1235 AMY LEE TRAIL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$46,797.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$46,797.00
Social Security Tax Withheld:	\$2,901.00
Medicare Wages and Tips:	\$46,797.00
Medicare Tax Withheld:	\$678.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457 (b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 SWIFT AIR LLC
 PO BOX 20683
 PHOENIX, AZ 85036-0000

Employee:

Employee's Social Security Number:
 MARK LOVELY
 1235 AMY LEE TRAIL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$11,153.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$11,153.00
Social Security Tax Withheld:	\$691.00
Medicare Wages and Tips:	\$11,153.00
Medicare Tax Withheld:	\$161.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457 (b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

This Product Contains Sensitive Taxpayer Data



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-30-2018
Response Date: 08-30-2018
Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2015

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
SKY LEASE 1 INC
10625 N KENDALL DRIVE
MIAMI, FL 33126-0000

Employee:

Employee's Social Security Number:
MARK LOVELY
1235 AMY LEE TRAIL
KERNERSVILLE, NC 27284-0000

	Original document
Submission Type:	
Wages, Tips and Other Compensation:	\$36,272.00
Federal Income Tax Withheld:	\$2,591.00
Social Security Wages:	\$36,272.00
Social Security Tax Withheld:	\$2,248.00
Medicare Wages and Tips:	\$36,272.00
Medicare Tax Withheld:	\$525.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457	\$0.00
(b) Plan:	
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
 SWIFT AIR LLC
 PO BOX 20683
 PHOENIX, AZ 85036-0000

Employee:

Employee's Social Security Number:
 MARK LOVELY
 1235 AMY LEE TRAIL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$14,686.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$14,686.00
Social Security Tax Withheld:	\$910.00
Medicare Wages and Tips:	\$14,686.00
Medicare Tax Withheld:	\$212.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457	\$0.00
(b) Plan:	
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form 1099-B Proceeds From Broker and Barter Exchange



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 08-30-2018
Response Date: 08-30-2018
Tracking Number: 100406175491

SSN Provided:

Tax Period Requested: December, 2016

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 202512506
SWIFT AIR LLC
PO BOX 20683
PHOENIX, AZ 85036-0000

Employee:

Employee's Social Security Number:
MARK LOVELY
1235 AMY LEE TRAIL
KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$22,411.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$22,411.00
Social Security Tax Withheld:	\$1,389.00
Medicare Wages and Tips:	\$22,411.00
Medicare Tax Withheld:	\$324.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00

Code "EE" Designated ROTH Contributions Under a Governmental Section 457
 (b) Plan:
 Third Party Sick Pay Indicator:
 Retirement Plan Indicator:
 Statutory Employee:
 W2 Submission Type:
 W2 WHC SSN Validation Code:

\$0.00
 Unanswered
 Unanswered
 Not Statutory
 Employee
 Original
 Correct SSN

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN):
 SWIFT AIR L.L.C.
 P O BOX 20683
 PHOENIX, AZ 85036-0000

Recipient:

Recipient's Identification Number:
 MARK A LOVELY
 1235 AMYLEE TRAIL
 KERNERSVILLE, NC 27284-0000

Submission Type:	Original document
Account Number (Optional):	N/A
Tax Withheld:	0.00
Non-Employee Compensation:	\$9,120.00
Medical Payments:	0.00
Fishing Income:	0.00
Rents:	0.00
Royalties:	0.00
Other Income:	0.00
Substitute Payments for Dividends:	0.00
Excess Golden Parachute:	0.00
Crop Insurance:	0.00
Attorney Fees:	0.00
Foreign Tax Paid:	0.00
Section 409A Deferrals:	0.00
Section 409A Income:	0.00
Direct Sales Indicator:	Not Direct Sales
FATCA Filing Requirement:	Box not checked no Filing Requirement
Second Notice Indicator:	No Second Notice

This Product Contains Sensitive Taxpayer Data